



General Assembly

February Session, 2014

***Raised Bill No. 325***

LCO No. 1369



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING MEDICAID RECIPIENTS WITH COMPLEX MEDICAL NEEDS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1       Section 1. (NEW) (*Effective July 1, 2014*) (a) As used in this section:
- 2       (1) "Complex needs patient" means an individual with significant  
3       physical or functional impairment resulting from a medical condition  
4       or disease including, but not limited to: (A) Spinal cord injury, (B)  
5       traumatic brain injury, (C) cerebral palsy, (D) muscular dystrophy, (E)  
6       spina bifida, (F) osteogenesis imperfecta, (G) arthrogryposis, (H)  
7       amyotrophic lateral sclerosis, (I) multiple sclerosis, (J) demyelinating  
8       disease, (K) myelopathy, (L) myopathy, (M) progressive muscular  
9       atrophy, (N) anterior horn cell disease, (O) post-polio syndrome, (P)  
10      cerebellar degeneration, (Q) dystonia, (R) Huntington's disease, (S)  
11      spinocerebellar disease, and (T) certain types of amputation, paralysis,  
12      or paresis.
- 13      (2) "Complex rehabilitation technology" means products classified  
14      as durable medical equipment within the Medicare program as of

15 January 1, 2013, that are individually configured for individuals to  
16 meet their specific and unique medical, physical, and functional needs  
17 and capacities for basic and instrumental activities of daily living.  
18 Complex rehabilitation technology includes, but is not limited to: (A)  
19 Complex rehabilitation manual and power wheelchairs and  
20 accessories, (B) adaptive seating and positioning items and accessories,  
21 and (C) other specialized equipment and accessories, such as standing  
22 frames and gait trainers.

23 (3) "Employee" means a person whose taxes are withheld by a  
24 qualified complex rehabilitation technology supplier and reported to  
25 the Internal Revenue Service.

26 (4) "Healthcare Common Procedure Coding System" or "HCPCS"  
27 means the billing codes used by Medicare and overseen by the federal  
28 Centers for Medicare and Medicaid Services that are based on the  
29 current procedural technology codes developed by the American  
30 Medical Association.

31 (5) "Individually configured" means a device with a combination of  
32 sizes, features, adjustments or modifications that a qualified complex  
33 rehabilitation technology supplier is customized by the specific  
34 individual by measuring, fitting, programming, adjusting or adapting  
35 the device so that the device is consistent with the individual's medical  
36 condition, physical and functional needs and capacities, body size,  
37 period of need and intended use as determined by an assessment or  
38 evaluation by a licensed health care professional.

39 (6) "Licensed health care professional" means a health care  
40 professional licensed by the state Department of Public Health who  
41 has no financial relationship with a qualified complex rehabilitation  
42 technology supplier. Licensed health care professional includes, but is  
43 not limited to: (A) a physician, (B) a physical therapist, (C) an  
44 occupational therapist, or (D) other licensed health care professional  
45 who performs specialty evaluations within the professional's scope of

46 practice.

47 (7) "Medically necessary" has the same meaning as provided in  
48 section 17b-259b of the general statutes.

49 (8) "Mixed HCPCS codes" means codes that refer to a mix of  
50 complex rehabilitation technology products and standard mobility and  
51 accessory products.

52 (9) "Pure HCPCS codes" means codes that refer exclusively to  
53 complex rehabilitation technology products and services.

54 (10) "Qualified complex rehabilitation technology professional"  
55 means an individual who is certified as an Assistive Technology  
56 Professional by the Rehabilitation Engineering and Assistive  
57 Technology Society of North America.

58 (11) "Qualified complex rehabilitation technology supplier" means a  
59 company or entity that:

60 (A) Is accredited by a recognized accrediting organization as a  
61 supplier of complex rehabilitation technology;

62 (B) Is an enrolled Medicare supplier and meets the supplier and  
63 quality standards established for durable medical equipment,  
64 including those for a complex rehabilitation technology supplier under  
65 the Medicare program;

66 (C) Has at least one employee who is a qualified complex  
67 rehabilitation technology professional for each service location to (i)  
68 analyze the needs and capacities of complex needs patients in  
69 consultation with a licensed health care professional, (ii) participate in  
70 the selection of appropriate covered complex rehabilitation technology  
71 for such needs and capacities, and (iii) provide technology-related  
72 training in the proper use of the complex rehabilitation technology;

73 (D) Requires a qualified complex rehabilitation technology

74 professional be physically present for the evaluation and  
75 determination of appropriate complex rehabilitation technology for  
76 complex needs patients;

77 (E) Has the capability to provide service and repair by qualified  
78 technicians for all complex rehabilitation technology it sells; and

79 (F) Provides written information regarding how to receive service  
80 and repair of complex rehabilitation technology to the complex needs  
81 patient at the time such technology is delivered.

82 (b) To the extent permissible under federal law, the Commissioner  
83 of Social Services shall (1) establish specific reimbursement and billing  
84 procedures within the state Medicaid program for individually  
85 configured complex rehabilitation technology products and services  
86 used by complex needs patients, and (2) ensure that Medicaid  
87 payments for such products and services ensures adequate access by  
88 complex needs patients and takes into account the significant  
89 resources, infrastructure, and staff needed to meet their needs.

90 (c) When establishing reimbursement and billing procedures  
91 pursuant to subsection (b) of this section, the commissioner shall, not  
92 later than October 1, 2014: (1) Designate products and services  
93 included in mixed and pure HCPCS billing codes as complex  
94 rehabilitation technology, and as needed, create new billing codes or  
95 code modifiers for services and products covered for complex needs  
96 patients; (2) set minimum standards consistent with subdivision (11) of  
97 subsection (a) of this section in order for suppliers to be considered  
98 qualified complex rehabilitation technology suppliers eligible for  
99 Medicaid reimbursement; (3) allow complex rehabilitation technology  
100 to be billed to the state Medicaid program as a purchase and paid for  
101 in a lump sum payment; (4) establish a payment amount for medically  
102 necessary complex rehabilitation technology products and services of  
103 (A) not less than one hundred per cent of the current Medicare fee  
104 schedule amount, or (B) for such products or services individually

105 considered for reimbursement or not covered by Medicare, an amount  
 106 equal to the manufacturer's suggested retail price minus ten per cent;  
 107 (5) incorporate into state Medicaid billing procedures Medicare  
 108 HCPCS pricing code modifiers governing competitively bid complex  
 109 rehabilitation technology that is added to noncompetitively bid base  
 110 products; (6) exempt products or services billed under mixed or pure  
 111 HCPCS codes from inclusion in any bidding, selective contracting,  
 112 request for proposal, or similar initiative; (7) require complex needs  
 113 patients receiving a complex rehabilitation manual wheelchair, power  
 114 wheelchair, or seating component to be evaluated by a qualified health  
 115 care professional and a qualified complex rehabilitation technology  
 116 professional to qualify for reimbursement; and (8) make other changes  
 117 as needed to protect access to complex rehabilitation technology for  
 118 complex needs patients.

119 (d) The commissioner shall, to the extent permissible under federal  
 120 law, amend the Medicaid state plan to implement the provisions of  
 121 this section.

122 (e) The commissioner shall adopt regulations in accordance with the  
 123 provisions of chapter 54 of the general statutes to implement the  
 124 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2014	New section

**Statement of Purpose:**

To better serve Medicaid recipients with complex medical needs who require complex rehabilitation technology.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*